

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

CTD046422812

DLIN CORP METALS RESEARCH LABORATORIES
91 SHELTON AVE
NEW HAVEN

OT 06511

INSTALLATION ADDRESS

91 SHELTON AVE
NEW HAVEN

CT 06511

EPA Form 8700-12B (4-80)

05/30/85

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA	ID	Number:	CI 04PA 39815	Company Name : OlinCorp
				THE PROOF AND ADDRESS OF THE PARTY.

Date of Request: 3/15/86 Town: New Haven

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
90 Mm	Name of Installation	mine-pur Polos	to sign these the sections s ttional laïour	rius ed esa complete ach any ade
II.	Location of Installation	nga Kubacka K Waste Manage	b neerog	mor author
III.	Mailing Address of Installation	Consecutives of CT Office Side for the Color of		na svad nev
IV.a.		Mike RoarK	Kenneth J. Surina	1995. ItAZ. Waste Rep.
b. Installation : Contact's Title			Technical Associate	11
c.	Installation Contact's Phone	203) 495- 8550 X5833	4.	
V.a.	Ownership		WALL OLD OFF	io Aeilidia
Ď.	Property Owner	Signature .	Feery	Name (clease U
VI.	Status		Change Status to:	
	Originally notification (please circle) CESQG (<100)		Number	Telephone
	SQG (100 - 1	L000 kg/month)		
				•
	LQG (>1000 Transporter	kg/mth)		

REQUEST FOR CHANGE

<u>Note:</u> If your company s moved to a new location, then _u must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA	ID	Number:	CTD 046422812	Company	Name: _	OLIN	CORP	METALS
Date	2 01	E Request	7/27/95	Town:	NEW	HAVEN		

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
ı.				
II.	Location of Installation		8 5	
III.	Mailing Address of Installation			,
IV.a.	Installation Contact's Name	DENNIS REILLY	MIKE ROARK	PER 93 GEN REPORT
b.	Installation Contact's Title			
c.	Installation Contact's Phone			
V.a.	Ownership			
b.	Property Owner			
VI.	Status	1, 100	Change Status to:	
	Originally notice (please circle) SQG (<100)		Scacus co.	
	SQG (100 - 1	1000 kg/month)		
	Generator (>1000 kg/mth)		
	Transporter			
	T/S/D Facil	ity	."	

9,95

Pg 12/28/89

REQUEST FOR CHANGE

EPA ID #: CTD 046422812 COMPANY NAME: Olin Corp-Metals Research

		TOWN:	Andrew Company of the	
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I	Name of Installation			
11	Location of Installation			
111	Installation Mailing Address			
IV a.	Installation Contact's Name	Martin Dempsey	Dennis Reilly	
	Installation Contact Title		Engineering Supervisor	
С•	Installation Contact Phone #		203-789-5710	o.K
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notif SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER	Change status to:	Increasing research efforts
ĸ	EPA Waste Number(s) TSD Facility Pro Changes (handling methods).	TSDF ocess		

mB 2 23-89

REQUEST FOR CHANGE

mor sludyor mike O'Brener

EPA I	D #: CTD 0464	33819 COMPANY		metals Research G
		TOWN:	- Mew	Haven
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	martin	Reilly, Dennis	1987 599 report
Ъ	Installation Contact Title			
C	Installation Contact Phone #			
V a.	Ownership			
ъ.	Property Owner			
VI	Status	(Originally noting SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	fied as:) Change status to:	
Х	EPA Waste Number(s) TSD Facility Pro Changes (handlingethods).	ocess		

^{*} Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

d) in the unshaded areas only Please print or type with/ELITE type (12 characters per . United States Environmental Protection Agency Washington, DC 20460 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation cation of Hazardous Waste Activity and Recovery Act). For Official Use Only Comments C NEW HAVEN C Date Received day Approved (yr. mo. Installation's EPA ID Number T/A C 2 D 0 4 6 4 2 8 1 C T F I. Name of Installation R C Ι II. Installation Mailing Address Street or P.O. Box C E E T N A V Ε N U 9 1 H 0 3 ZIP Code City or Town State C 5 1 6 E ٧ N E H III. Location of Installation Street or Route Number C S A M E 5 ZIP Code City or Town State C IV. Installation Contact Phone Number (area code and number) Name and Title (last, first, and job title) 0 2 8 9 5 7 1 S U P 0 3 D N G R Ι Υ Ε L V. Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner I 0 C P R Α T R 0 Ι N 0 VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions., A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 1b. Less than 1,000 kg/mo. 6. Off-Specification Used Oil Fuel X 1a. Generator (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification a. Generator Marketing to Burner b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) C. Industrial Furnace A. Utility Boiler B. Industrial Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) D. Water E. Other (specify) ☐ B. Rail ☐ C. Highway A. Air IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number A. First Notification B. Subsequent Notification (complete item C) C T D 2 8 0 4 6 4

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				CW		T/A
Description	of Hazarde	ous Wastes	(continued from from	The state of the s		
Hazardous Wast	tes from Non	specific Sour	ces. Enter the four-digit nu andles. Use additional she	mber from 40 CFR Part 20	61.31 for each listed haza	ardous waste
1		2	3	4	5	6
F 0 0	1 F	0 0 2	F 0 0 3			
7		8	9	10	11	12
Hazardous Was	tes from Spe	cific Sources.	Enter the four-digit number Use additional sheets if nec	er from 40 CFR Part 261.3	2 for each listed hazardo	us waste from
13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	15	16	17	18
EUVER BARRA PERE		Surgicularities				
19		20	21	22	23	24
25		26	27	28	29	30
31		32	33	34	35	36
37		38	39	40	41	42
43		44	45	46	47	48
Listed Infection	us Wastes. Er	nter the four-d	igit number from 40 CFR Pas your installation handles.	art 261.34 for each hazard Use additional sheets if n	dous waste from hospital ecessary.	s, veterinary hos-
49	ar and research	50	51	52	53	54
Characteristics	of Nonlisted	Hazardous W	Vastes. Mark 'X' in the boxe is 261.21 — 261.24)	es corresponding to the ch	paracteristics of nonlisted	l hazardous waste
፟ 1.1	gnitable D001)	5 70 Gi ii 7 dil	2. Corrosive (D002)	☐ 3. Reactiv (D003)	ve	4. Toxic (D000)
. Certification	on 👫 🔭	DAMAG.				
this and all	attached o	locuments,	I have personally exa and that based on my e that the submitted in submitting false infort	formation is true acr	urate and complete	. I am aware th
gnature	10		Name and O	fficial Title (type or print)	Date	Signed
Service Services	Ma	11.	DX E.	Tyler, Vice Pres	ident	W/18/8/

- 1881 0 8 MDM

EPA Form 8700-12 (Rev. 11-85) Reverse

CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

U.S. ENVIRONMENTAL PROTECTION AGENCY

	WEITH	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	label, affix it in the space at left. If any of the
	INSTALLA- TION'S EPA I.D. NO.		information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
	I. STALLATION		complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
	INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-
	LOCATION IIL OF INSTAL- LATION	504	CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
DETACHA	FOR OFFICIAL	USE ONLY	
ETA	SARMAN	COMMENTS	
Ar	CIT NOTAL		55
	INSTALLATION F AFO 04	ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., ma., & day)	
	I. NAME OF INS	TALLATION	
	O L I N C	ORP METALS RESEARCH LABO	RATORIES FPA
	II. INSTALLATIO	ON MAILING ADDRESS	
	c	STREET OR P.O. BOX	MAY 1 5 1985
		ELTON AVE	MAY 13 1300
		CITY OR TOWN ST. ZIF	CODE BRANCH
	4 NEW H	AVEN CTO6	5 1 COMPLIANCE DIVINIO
	III. LOCATION C	OF INSTALLATION	Constitution of the second control of the second
	<u> </u>	STREET OR ROUTE NUMBER	- 103 4 1 P
	5 9 1 S H	ELTON AVE	How Holling
	15 16	CITY OR TOWN ST. ZIF	CODE
	6 N E W H	A V E N C T O 6	5 1 1
	IV. INSTALLATI	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
	2 D E M P S	EY MARTIN ENG GROUP SUPV	2 0 3 - 7 8 9 - 5 7 1 0
	V. OWNERSHIP	A. NAME OF INSTALLATION'S LEGAL OWNER	
HO		alalalal IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
ETACH	8 0 L I N	C[O[R]P]	"IV" in the appropriate box/as
A D	B. TYPE OF C (enter the appropria	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (e	TRANSPORTATION (complete item VII)
	F = FEDERAL M = NON-FED	DERAL M ST C. TREAT/STORE/DISPOSE 60 D.	UNDERGROUND INJECTION
	VII. MODE OF T	RANSPORTATION (transporters only - enter "X" in the appropriate	
	A. AIR	B. RAIL XC. HIGHWAY D. WATER E. OTHER	R (specify):
	Mark "X" in the app	SUBSEQUENT NOTIFICATION propriete box to indicate whether this is your installation's first notification of ha	zardous waste activity or a subsequent notification.
	If this is not your fir	st notification, enter your Installation's EPA I.D. Number in the space provided b	C. INSTALLATION'S EPA I.D. NO.
		NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete iter	m C)
		N OF HAZARDOUS WASTES rese of this form and provide the requested information.	

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ROHA RECURDS CENTER

120 LONG RIDGE ROAD, P.O. BOX 1355, STAMFORD, CT 06904-1355

CARLTON S. CHEN

Associate Counsel Phone: 203 356-2341 Fax: 203 386-2011

TELECOPY MESSAGE

Date:	ate: 4/16/9					
	PLEASE DELIVER THIS TELECOPY MESSAGE TO:					
Name:	David A. Nash/George Dews					
Locati	, per					
Total	number of pages (including cover sheet):					
From:	Carlton S. Chen, Esquire Olin Corporation 120 Long Ridge Road Stamford, CT 06904-1355 U.S.A. Telephone: (203) 356-2341 DDT: 423-2341					
X2.35 4.03 Y 2.03 Y	Telecopy: (203) 356-2011 (or intercompany 8-923-2011)					
COMMEN	IS:					

Olin decidel to withdraw on due date for 1 5t DOD Response

PLEASE CALL ME IF THE TELECOPY YOU RECEIVED IS INCOMPLETE OR ILLEGIBLE. MY TELEPHONE NUMBER IS (203) 356-3730 (or intercompany 8-423-3730). ASK FOR SUSAN MICHAELSON.



120 LONG RIDGE ROAD, P.O. BOX 1855, STAMFORD, CT 06904-1355

CARLTON S. CHEN

Associate Counsel Phone: 203 356-2341 Fex: 203 356-2011

April 15, 1991

VIA FAX

Mr. David A. Nash
Director
Engineering and Enforcement Division
Bureau of Waste Management
State of Connecticut
Department of Environmental Protection
165 Capitol Avenue
Hartford, CT 06106

Dear Mr. Nash:

This letter constitutes formal notice of our withdrawal of our application for a RCRA Part B Permit at our Northeast Process Technology Center, New Haven, Connecticut.

As we discussed by telephone this afternoon with George Dews of your staff, we will meet with him to discuss the submittal of our revised closure plan for the facility. This meeting will take place at his office on April 18, 1991 at 1:30 p.m.

Very truly yours,

Carlton S. Chen

CSC/deh

cc: George Dews

Carl G. Seefried